

Application or Docket Number

Effective October 1, 2000								09	18	000	34		
		CLAIMS	AS FILED (Colur		L ENTITY			R THAN					
]] 7	OTAL CLAIM		(Column 1) (Column 2)			TYPE		OR		ENTITY			
FOR			NUMBE	R FILED	NI IN	ADED EVED	RAT			RATE	FEE		
	OTAL CHARGE	EABLE CLAIMS			NON	MBER EXTRA	BASIC	FEE 43	OR OR	BASIC FE	Ε		
-			12 n	ninus 20=	<u>*</u>		X\$ 9)=	OR	X\$18=			
\vdash	IDEPENDENT (minus 3 =			X40	=	OR	X80=			
		NDENT CLAIM					105		- Jon		 		
*	If the difference	e in column 1 i	s less than:	s than zero, enter "0" in column 2			+135		OR	+270=			
	CLAIMS AS AMENDED - PART II							L 43	O OR	TOTAL			
		(Column 1)	AMENDE	(Column 2) (Column			\ SMAI	SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
⋖		CLAIMS REMAINING	11	HIGH	EST		1 r	ADDI		SWALL			
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Ц	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR]		OR	700=			
									OR	+270=			
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		(Column 1) CLAIMS	SA PORCES	(Colum	nn 2)	(Column 3)	1						
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM CR											· ·		
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		nn 1 is less than the ber Previously Pa					TOTAL ADDIT. FEE	Carrie Carrie	OB	TOTAL	- K		
		nber Previously Paid per Previously Paid					found in the ar	propriate ha	AC v in colum	DIT FEE			
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